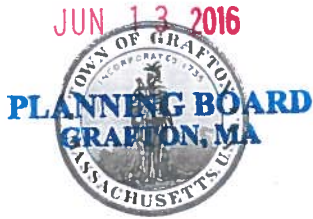


RECEIVED

EXHIBIT 1

FILE



**TOWN OF GRAFTON**  
GRAFTON MEMORIAL MUNICIPAL CENTER  
30 PROVIDENCE ROAD  
GRAFTON, MASSACHUSETTS 01519  
Phone: (508) 839-5335 ext 1170 • FAX: (508) 839-4602  
www.grafton-ma.gov



TREASURER / COLLECTOR

## Certificate of Good Standing

Applicants seeking permits with the Town of Grafton must submit this completed form at the time of application. When all obligations are paid to date, you must attach this "Certificate of Good Standing," with your application. Delinquent bills must be paid in full before the appropriate department accepts your application. Please make arrangements to pay these outstanding bills at the Collector's Office.

**Please note: it can take up to three (3) business days to process each request.**

Please check all that apply and indicate if permit(s) have been issued.

	Permit Issued?	
	Yes	No
<input type="checkbox"/> Building – Inspection(s)	_____	<input checked="" type="checkbox"/>
<input type="checkbox"/> Building – Electric	_____	<input checked="" type="checkbox"/>
<input type="checkbox"/> Building – Plumbing	_____	<input checked="" type="checkbox"/>
<input type="checkbox"/> Board of Health	_____	<input checked="" type="checkbox"/>

	Permit Issued?	
	Yes	No
<input type="checkbox"/> Septic System	_____	<input checked="" type="checkbox"/>
<input type="checkbox"/> Conservation	_____	<input checked="" type="checkbox"/>
<input type="checkbox"/> Planning	_____	<input checked="" type="checkbox"/>
<input type="checkbox"/> Other	_____	<input checked="" type="checkbox"/>

Other Permit: \_\_\_\_\_

Bull Meadows LLC, Gordon  
Petitioner Name

2 Rachel Rd  
Petitioner Address

Boylston Ma 01505  
City, State, Zip

978-833-4747  
Phone

Bull Meadows LLC  
Property Owner / Company Name

110/32 Lot 005.4 - 100 near Adams  
110/31 Lot 100  
Property Address

Grafton, MA  
City, State, Zip

Date:	Current	Delinquent	N/A
Real Estate	<input checked="" type="checkbox"/>		
Personal Property			<input checked="" type="checkbox"/>
Motor Vehicle Excise			<input checked="" type="checkbox"/>
Disposal			<input checked="" type="checkbox"/>
General Billing			<input checked="" type="checkbox"/>

Samantha Luke  
Treasurer / Collector Name (please print)

Samantha Luke  
Treasurer / Collector Signature

6/13/15  
Date